

**Exhibit M**

# GMAC Mortgage

PO Box 780  
Waterloo, IA 50704-0780

February 23, 2012

00214

TODD SILBER  
73 FARNHAM ROAD  
SOUTH WINDSOR CT 06074

Property Address:

73 FARNHAM ROAD  
SOUTH WINDSOR CT 06074

Account Number 8843

Dear TODD SILBER:

We understand how difficult it may be to ask for help when you need it the most.

The best way to find out what options are available is to help us understand your financial situation by completing the attached application package, including all the required documentation. Upon receipt of the documentation we will assign a relationship manager to assist you throughout the process.

As an alternative, if you are experiencing any difficulty completing the full package you may complete this form by checking all of the appropriate boxes to the right. This will help us identify potential programs available to meet your needs. Once we have received this information, we will assign a Relationship Manager to personally help you through this process.

Once your relationship manager is assigned they will stay with you throughout the process and assist with all documentation needs as well as explain every step of the process.

We look forward to working through this with you.

Thank you.

Loan Servicing

Please check the box that best describes your situation.

I want to:

Keep the property ☒  
Sell the property ☐

This home is:

Where I live ☒  
Second Home ☐  
Investment Property ☐

I, or a member of my family is or has been on active duty with our military ☐

You may be eligible for benefits and protection under the Servicemembers Civil Relief Act (SCRA)

I need help because I have/am...

A loss of income ☒  
Increase in expenses ☐  
Can't sell/rent my home ☐  
Marital problems ☐  
Unemployed ☐  
Incarceration ☐  
Damage to the home due to hurricane, flood, earthquake, etc ☐  
Death or illness of family member ☐  
Other ☒

Fax this letter with your documentation attached to 1-866-709-4744 -or- Mail to: Loss Mitigation, 233 Gibraltar Rd., Suite 600, Horsham PA 19044

What is the best number/time to reach you? ( 860 ) 922 4156

00214

**Consider all options.** We will explore all options to help you keep your home. If you do not wish to stay in your home, we can help make your transition to a new home easier. Following is a brief description of available options:

- **Repayment Plan:** If you have experienced a temporary loss of income or increase in expenses but can now afford to make higher payments, we may be able to develop a repayment plan.
- **HAMP Modification:** This is an important Federal Program designed to assist you in obtaining an affordable mortgage payment. We will review your monthly income and housing costs – including any past due payments – and determine an affordable mortgage payment.
- **Other Loan Modifications:** If you are not able to make higher monthly payments but can still afford your current mortgage payment, we may be able to modify your loan.
- **Short Sale:** If the value of your home has declined, you may be able to sell it for less than the full amount due and eliminate your mortgage.
- **Deed in Lieu of Foreclosure:** If you have tried to sell your property for 90 days, you may be able to voluntarily return the deed to GMAC Mortgage to satisfy your debt and avoid foreclosure.

**Notice Regarding Foreclosure Scams:**

- There is never a fee to participate in or learn more about our Modification Programs. To locate a HUD-approved counselor, visit: <http://www.hud.gov/offices/hsg/sfh/hcc/fc/>
- Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan.
- Beware of anyone who says they can "save" your home if you sign or transfer over the deed to your house. Do not sign over the deed to your property to any organization or individual unless you are working directly with your mortgage company to forgive your debt.
- Never make your mortgage payments to anyone other than your mortgage company without their approval.

**Please Note:**

Documentation must be received 7 days prior to the scheduled foreclosure sale date. If your property is in the state of Florida, a complete package must be received 30 business days prior to the scheduled foreclosure sale date.



FAX COVER SHEET (This page should be returned to us with your **completed** financial analysis form)  
**\*\*PLEASE INCLUDE THE ACCOUNT NUMBER ON EVERY PAGE OF YOUR RETURNED PACKAGE\*\***

To: Loss Mitigation  
 From: Todd Silber Account Number(s) 8843  
 Fax to: 1-866-709-4744 or mail to: **Loss Mitigation**  
 Fax to: 1-866-709-4744 or mail to: **233 Gibraltar Road Suite 600**  
**Loss Mitigation**  
**233 Gibraltar Road Suite 600**  
**Horsham PA 19044**

ALL of the following information must be completed and returned to determine eligibility:

- ☐ Financial Analysis Form/Information for Government Monitoring Purposes
- ☐ A signed and dated Dodd-Frank Certification
- ☐ A signed and dated Acknowledgement and Agreement
- ☐ A signed and dated IRS Form 4506T-EZ (Request for Transcript of Tax Return). Borrowers who filed their tax returns jointly may send in one IRS Form 4506T-EZ signed and dated by both the joint filers. This form is required even if you have not filed or are not required to file tax returns.
- ☐ Documentation confirming occupancy – for example, a recent utility bill in your name at the property address.
- ☐ Documentation verifying expenses for Homeowners or Condominium Association Dues for condominiums and Co Ops. (if applicable)
- ☐ Documentation to verify all of the income of each borrower. Please see the chart below for the type of documentation required for each type of income.

TYPE OF INCOME	DOCUMENTATION REQUIRED
Paid by an employer or short term disability <u>N/A</u>	<input type="checkbox"/> Copy of two most recent pay stubs from your employer including year to date information. Pay stubs cannot be more than 90 days old.
Self employed or receive a 1099 form	<input checked="" type="checkbox"/> Copy of most recent quarterly or year-to-date Profit and Loss statement See Exhibit A for a sample of a 3 Month Self Employment Income Statement (Profit and Loss Form) AND <input checked="" type="checkbox"/> Copies of two most recent bank statements. Bank statements cannot be over 90 days old. AND <input checked="" type="checkbox"/> Copy of the most recent federal tax return with all schedules, including Schedule E-Supplemental Income and Loss.
Child support or alimony* <u>N/A</u>	<input type="checkbox"/> Copy of divorce decree, separation agreement, or other legal written agreement filed with the court that shows the amount of the award and period of time over which it will be received AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of child support or alimony. Bank statements cannot be over 90 days old.
Social Security, disability, death benefits, or pension <u>N/A</u>	<input type="checkbox"/> Copy of benefits statement or letter from the provider that states the amount and frequency of the benefit. AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of benefit income. Bank statements cannot be over 90 days old.
Other earned income (i.e. bonus, commission, housing allowance, and/or tips) <u>N/A</u>	<input type="checkbox"/> Copy of third party documentation describing the nature of the income (i.e. an employment contract and/or printouts documenting tips) and indicating the income is not a one time payout.
Rental income from an investment property <u>N/A</u>	<input type="checkbox"/> Copy of the most recent federal tax return with all schedules, including Schedule E-Supplemental Income and Loss. AND <input type="checkbox"/> Current lease agreement for the subject property. AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. Bank statements cannot be over 90 days old. See Exhibit B for a sample of an Investment Property Schedule.
Rental income from room rental of the primary residence <u>N/A</u>	<input type="checkbox"/> Copy of current lease agreement. AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. Bank statements cannot be over 90 days old.
Unemployment <u>N/A</u>	<input type="checkbox"/> Copy of a benefits statement or letter from the provider that states the amount, frequency, and duration of the benefit. Benefit must continue for at least 9 months to be considered. AND <input type="checkbox"/> Documentation must show receipt unemployment benefits have begun or will begin within 60 days.
Other income (investment, interest, dividends, etc.)	<input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. Bank statements cannot be over 90 days old.
Income not specified above	<input checked="" type="checkbox"/> Signed letter from the person(s) that contributes the income showing the amount and frequency of the income. AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. Bank statements cannot be over 90 days old.

\*You are not required to disclose Child Support, Alimony, or Separate Maintenance income, unless you choose to have it considered.

If you want to sell this property, please also include:

- ☐ Copy of the listing agreement
- ☐ Copy of the sales contract, if available
- ☐ Copy of the estimated Settlement Statement (HUD1), if available
- ☐ Signed Third Party Authorization Form



To ensure your request is processed without delay, it is important that you provide a complete application including all the supporting documentation and required signatures. You **MUST** sign the Acknowledgement and Agreement form. If you are unable to provide all the requested supporting documentation, please submit with the information you have available and we will provide a knowledgeable agent to assist you in compiling any missing documentation and guide you through the process.





# FINANCIAL ANALYSIS FORM

Account Number 3843

BORROWER		CO-BORROWER	
Borrower's Name <u>Todd Silber</u>		Co-Borrower's Name	
Social Security Number <u>[REDACTED]</u>	Date of Birth <u>[REDACTED]</u>	Social Security Number	Date of Birth
Home Phone Number With Area Code	Home Phone Number With Area Code	Social Security Number	Date of Birth
Cell or Work Number With Area Code <u>860-922-456</u>	Cell or Work Number With Area Code	Social Security Number	Date of Birth
Email Address <u>N/A</u>	Email Address	Social Security Number	Date of Birth
Mailing Address <u>73 Farnham Rd. South Windsor Ct. 06074</u>		Mailing Address	
Property Address (If Same As Mailing Address, Write Same) <u>Same</u>		Property Address (If Same As Mailing Address, Write Same)	
I want to: <input checked="" type="checkbox"/> Keep the Property <input type="checkbox"/> Sell the Property		The property is my: <input checked="" type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Investment	
The property is: <input checked="" type="checkbox"/> Owner Occupied <input type="checkbox"/> Renter occupied <input type="checkbox"/> Vacant If Owner Occupied, include a recent utility bill in your name at the property address. If Renter Occupied, include a copy of the current lease agreement.			
Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No Date listed: _____		Have you contacted a credit-counseling agency for help? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please complete counselor contact information below.	
Agent's Name: _____		Counselor's Name: _____	
Agent's Phone Number: _____		Counselor's Phone Number: _____	
Have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No		Counselor's Email: _____	
Date of offer _____ Amount of Offer \$ _____		Who pays the hazard insurance policy for your property? _____	
Who pays the Real Estate Tax bill on your property? <u>Escrow / 6 mo</u>		Is the policy current? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are the taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No Condo or HOA Fee <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No		Is the policy current? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Paid to: _____		Is the policy current? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address of paid to: _____		Is the policy current? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of People in the Household <u>4</u>		Number of People in the Household	
Have you filed for bankruptcy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date: _____		Have you filed for bankruptcy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date: _____	
Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No Bankruptcy Case Number _____		Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No Bankruptcy Case Number _____	
If there are additional Liens/Mortgages or Judgments on this property, please name the person(s), company or firm and their telephone numbers.			
Lien Holder's Name/Service		Balance Contact Number Loan Number	

## INFORMATION FOR GOVERNMENT MONITORING PURPOSES

If applying for the Making Home Affordable Modification Program we encourage you to provide the following, however this is not a requirement of other modification programs. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person.

BORROWER	CO-BORROWER
<input checked="" type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

## INFORMATION REGARDING MILITARY SERVICE MEMBERS

Please check here if you or a family member is on active duty with our military. You may be eligible for benefits and protection under the Service members Civil Relief Act "SCRA".

☐

FINANCIAL ANALYSIS FORM (Continued)

Account Number 8843

INCOME/EXPENSES FOR HOUSEHOLD						
1 - Monthly Household Income			2 - Household Assets		3 - Monthly Household Expenses/Debt	
	<b>Borrower 1</b>	<b>Borrower 2</b>	Estimated Value of this property	\$ 220,000.00	First Mortgage Payment	\$ 1994.00
	<input type="checkbox"/> Employed	<input type="checkbox"/> Employed	Estimated Value of Other property	\$ 220,000.00	Alimony Payment	\$ 171.00
	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Unemployed	Estimated Value of Other Real Estate Owned	\$	Alimony Payment	\$
Gross Salary/Wages	Income Frequency: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly <input type="checkbox"/> 1 <sup>st</sup> & 15 <sup>th</sup> / 15 <sup>th</sup> & 30 <sup>th</sup> <input checked="" type="checkbox"/> Other	Income Frequency: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly <input type="checkbox"/> 1 <sup>st</sup> & 15 <sup>th</sup> / 15 <sup>th</sup> & 30 <sup>th</sup> <input type="checkbox"/> Other	Checking Account(s) Balance	\$ 600.00	Child Support Payment	\$
Gross salary/wages = total monthly income before any tax withholding or employer deductions.	Employment Start Date:	Employment Start Date:	Saving Account(s)/Money Market Balance	\$ N/A	Dependent Care Payment	\$
			Life Insurance Cash Value	\$ N/A	Liens/Rents	\$
			IRA/Keogh Account(s) Balance	\$ N/A	Other Mortgages	\$
			401K/ESOP Account(s) Balance	\$ N/A	Personal Loans/Student Loans	\$
			Stocks/Bonds/CDs Balance	\$ N/A	Auto Loans/Lease	\$ 209.00 (9 months left)
Self-employed	\$	\$	Other Investments	\$ N/A	Auto Expenses	\$
Overtime	\$	\$			Auto Insurance	\$ 120.00
Child Support Income/Alimony Income*	\$	\$			Medical Expenses	\$
Social Security/SSDI	\$	\$			Medical Insurance	\$
Other monthly income from pensions, annuities or retirement plans	\$	\$			HOA/Condo Fees	\$
Tips, commissions, and/or bonus income	\$	\$			Credit Card(s) / Installment Loans	\$
Rental income from investment property	\$	\$			Food/Household Supplies	\$ 470.00
Rental income from room rent of primary residence	\$	\$			Spending Money	\$
Unemployment Income	\$	\$			Utilities/Water/Sewer/Phone(s)/Cable	\$ 300.00
Food Stamps/Welfare	\$	\$			Donations	\$
Other (investment, income, royalties, interest, dividends, etc.)	\$	\$			Property Taxes (If not escrowed and included in your current mortgage payment)	\$
					Insurance - Hazard, wind, flood etc (If not escrowed and included in your current mortgage payment)	\$
					Other	\$
<b>Total Income (Gross)</b>	\$	\$	<b>Total Assets</b>	\$	<b>Total Debt/Expenses</b>	\$ 3089.00

\*\*\*\* ALL INCOME MUST BE DOCUMENTED \*\*\*\*

Include combined expenses from the borrower and co-borrower (if any).

If you include income and expenses from a household member who is not a borrower, please specify using a separate page if necessary.

\*You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

If additional space is needed, please include an additional page.

HARDSHIP AFFIDAVIT

I am having difficulty making my monthly payment because of financial difficulties created by (Please check all that apply):

<input type="checkbox"/> Borrower Death	<input type="checkbox"/> Reduction of Income	<input type="checkbox"/> Military Service	<input type="checkbox"/> Payment Adjustment
<input type="checkbox"/> Illness of Borrower	<input type="checkbox"/> Excessive Financial Obligations (Examples may be large medical bills, credit card debt, or college tuition payments)	<input checked="" type="checkbox"/> Unemployment	<input type="checkbox"/> Ownership Transfer is Pending (If the home is in the process of being sold)
<input type="checkbox"/> Illness of Family Member	<input type="checkbox"/> Property Problem (Anything that may be defective about the property such as a costly repair that needs to be made)	<input type="checkbox"/> Business Failure (Examples would be loss of business income)	<input type="checkbox"/> Tenant not Paying
<input type="checkbox"/> Death of Family Member	<input type="checkbox"/> Inability to Sell Property	<input type="checkbox"/> Bankruptcy Filed	<input type="checkbox"/> Incarceration (Sentenced to a city, county, state, or federal jail)
<input type="checkbox"/> Marital Difficulties (Examples include going through a legal separation or filing for divorce)	<input type="checkbox"/> Inability to Rent Property	<input type="checkbox"/> Casualty Loss (Unexpected event such as hurricane, flood, or earthquake that damages the property)	

Other: GMAC wrongfully denied a modification back in 3/2010

Explanation (Required):

Close to 50K in court fees, post fees and other

If additional space is needed for Explanation, please include an additional page.

Accumulated wrongfully.

Account Number 8843

**Dodd-Frank Certification**

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

This Certificate is effective on the earlier of the date listed below or the date received by your servicer.

  
TODD SILBER

2/29/2012  
Date

Date

## ACKNOWLEDGEMENT AND AGREEMENT

Account Number 8843

In making this request for consideration to review my loan terms I/we certify under penalty of perjury:

1 That all of the information in this document is truthful and the event(s) identified is/are the reason that I/we need to request a modification of the terms of my/our

In making this request for consideration to review my loan terms I/we certify under penalty of perjury:

1 That all of the information in this document is truthful and the event(s) identified is/are the reason that I/we need to request a modification of the terms of my/our mortgage loan, short sale or deed-in-lieu of foreclosure.

2 I/we understand that the Servicer, the U.S. Department of the Treasury, owner or guarantor of my mortgage, or its agents may investigate the accuracy of my/our statements and/or may require me/us to provide supporting documentation. I/we also understand that knowingly submitting false information may violate Federal law.

3 I/we understand the Servicer will obtain a current credit report on all borrowers obligated on the Note.

4 I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable or any mortgage relief granted and may pursue foreclosure on my/our home.

5 I/we understand any fee to validate the value of the property will be assessed to the account.

6 I/we have not received a condemnation notice; and there has been no change in the ownership of the Property since I/we signed the documents for the mortgage that I/we want to modify.

7 I/we certify that I/we will obtain credit counseling if it is determined that my/our financial hardship is related to excessive debt. For purposes of the Making Home Affordable program, "excessive debt" means that my/our debt-to-income ratio after the modification would be greater than or equal to 55%.

8 If I am eligible for a trial period plan, repayment plan, or forbearance plan, and I accept and agree to all terms of such plan, I also agree that the terms of the Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full. My first timely payment following my Servicer's determination and notification of my eligibility or prequalification for a trial period plan, repayment plan, or forbearance plan (when applicable) will serve as acceptance of the terms set forth in the notice sent to me that sets forth the terms and conditions of the trial period plan, repayment plan, or forbearance plan.

9 I/we agree that when the Servicer accepts and posts a payment during the term of any repayment plan, trial period plan, or forbearance plan it will be without prejudice to, and will not be deemed a waiver of, the acceleration of my loan or foreclosure action and related activities and shall not constitute a cure of my default under my loan unless such payments are sufficient to completely cure my entire default under my loan.

10 I/we am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.

11 I/we understand that the Servicer will use the information in this document to evaluate my/our eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me/us assistance based solely on the statements in this document.

12 I/we agree that any prior waiver as to payment of escrow items in connection with my/our loan has been revoked.

13 I/we agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on the loan.

14 I/we understand that the Servicer will collect and record personal information, including, but not limited to, my/our name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I/we understand and consent to the disclosure of my/our personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my/our first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD certified housing counselor.

15 I/we agree that to be considered for the Making Home Affordable program, or any other program, all required documentation must be received no later than 7 business days prior to the scheduled foreclosure sale date.

16 NOTICE TO TEXAS BORROWERS: If the loan you are requesting to modify is a Texas Home Equity Loan or Line of Credit, your loan does not qualify to be modified. However, please proceed with submitting your financial information so that we can examine your financial situation and determine if there is a repayment program available to you in order to prevent foreclosure.

17 I/we understand the Servicer will not refer the account to foreclosure or conduct the foreclosure sale if already referred, while it is being reviewed for the Making Home Affordable program unless required by your investor. The review will not begin until all required documentation is received.

18 I/we consent to being contacted concerning this request for mortgage assistance at any cellular or mobile telephone number I have provided to the Lender. This includes text messages and telephone calls to my cellular or mobile telephone.

19 ☒ My/Our property is owner occupied; I/we intend to reside in this property for the next twelve months.

☐ My/Our property is not owner occupied.



Borrower Signature

Date

Co-Borrower Signature

Date



To ensure your request is processed without delay, it is important that you provide a complete application including all the supporting documentation and required signatures. You MUST sign the Acknowledgement and Agreement form. If you are unable to provide all the requested supporting documentation, please submit the application with the information you have available and we will provide a knowledgeable agent to assist you in compiling any missing documentation and guide you through the process.

If you have questions about this document or the modification process, please call us at the phone number listed on your monthly account statement. If you need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.

### NOTICE TO BORROWERS

Be advised that you are signing the following documents under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution.

By signing the enclosed documents you certify, represent and agree that:

"Under penalty of perjury, all documents and information I have provided to Lender in connection with this Agreement, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sig tarp.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.





Form **4506T-EZ**

**Short Form Request for Individual Tax Return Transcript**

OMB No. 1545-2154

(October 2009)

Department of the Treasury  
Internal Revenue Service

Request may not be processed if the form is incomplete or illegible.

Internal Revenue Service

Tip: Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

1a Name shown on tax return. If a joint return, enter the name shown first.

Todd Silber

1b First social security number on tax return

2236

2a If a joint return, enter spouse's name shown on tax return.

2b Second social security number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code

73 Farham Rd. South Windsor Ct 06074

4 Previous address shown on the last return filed if different from line 3

5 If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Third party name

GMAC Mortgage

Telephone number

1-800-766-4622

Address (including apt., room, or suite no.), city, state, and ZIP code

Attn: Loss Mitigation, 233 Gibraltar RD, Horsham, PA 19044

6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2009"). Most requests will be processed within 10 business days.

2010

2009

2011

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a. If the request applies to a joint return, either husband or wife must sign.

Note. This form must be received within 60 days of signature date.

Sign  
Here

Signature (see instructions)

Date

2/29/12

Telephone number of  
taxpayer on line 1a or 2a

860-922-4156

Spouse's signature

Date

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 541855

Form 4506T-EZ (10-2009)

**Purpose of form.** Individuals can use Form 4506T-EZ to request a tax return transcript that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. You can also designate a third party (such as a mortgage company) to receive a transcript on line 5. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a fiscal tax year (that is, a tax year beginning in one calendar year and ending in the following year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request the following.

- A transcript of a business return (including estate and trust returns).
- An account transcript (contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed).
- A record of account, which is a combination of line item information and later adjustments to the account.
- A verification of nonfiling, which is proof from the IRS that you did not file a return for the year.
- A Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.

Form 4506-T can also be used for requesting tax return transcripts.

**Automated transcript request.** You can call 1-800-829-1040 to order a tax return transcript through the automated self-help system. You cannot have a transcript sent to a third party through the automated system.

**Where to file.** Mail or fax Form 4506T-EZ to the address below for the state you lived in when that return was filed.

If you are requesting more than one transcript or other product and the chart below shows two different RAIVS teams, send your request to the team based on the address of your most recent return.

## Where to mail . . .

**If you filed an individual return  
If you filed an individual return  
and lived in:**

Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia

Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address

Alaska, Arizona, California, Colorado, District of Columbia, Hawaii, Idaho, Iowa, Kansas, Maine, Maryland, Massachusetts, Minnesota, Montana, New Hampshire, New Mexico, New York, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Vermont, Washington, Wisconsin, Wyoming

Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia

**Mail or fax to the "Internal Revenue  
Mail or fax to the "Internal Revenue  
Service" at:**

RAIVS Team  
P.O. Box 47-421  
Stop 91  
Doraville, GA 30362  
770-455-2335

RAIVS Team  
Stop 6716 AUSC  
Austin, TX 73301  
512-460-2272

RAIVS Team  
Stop 37106  
Fresno, CA 93888  
559-456-5876

RAIVS Team  
Stop 6705-B41  
Kansas City, MO  
64999  
816-292-6102

**Signature and date.** Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506T-EZ within 60 days of the date signed by the taxpayer or it will be rejected.

Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506T-EZ exactly as your name appeared on the original return. If you changed your 4506T-EZ exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506T-EZ will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form, 9 min.; Preparing the form, 18 min.; and Copying, assembling, and sending the form to the IRS, 20 min.**

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506T-EZ simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see Where to file on this page.





**Exhibit A - 3 Month Self Employment Income Statement (Profit and Loss Form)**

This form may be used if you are self-employed or a 1099 wage earner only.

**BORROWER'S NAME** Todd Silber **Account Number** 8843

For each borrower who is self employed a Profit and Loss Statement is required for each business. If borrower has more than one business, we require a Profit and Loss Form for each business. The example document may be used to supply the required information.

Month and Year must be indicated. Use most recent consecutive months.	Month 1	Month 2	Month 3	Total
	Month <u>Feb</u> Year <u>2012</u>	Month <u>Jan</u> Year <u>2012</u>	Month <u>Dec</u> Year <u>2011</u>	
Sales	<u>6240<sup>00</sup></u>	<u>\$ 5860<sup>00</sup></u>	<u>\$ 4600<sup>00</sup></u>	<u>\$</u>
Cost of Goods Sold		<u>\$</u>	<u>\$</u>	<u>\$</u>
Gross Profit		<u>\$</u>	<u>\$ 4600<sup>00</sup></u>	<u>\$</u>
Operating Expenses				
Advertising	<u>\$ 42.00</u>	<u>\$ 42<sup>00</sup></u>	<u>\$ 42<sup>00</sup></u>	<u>\$ 126<sup>00</sup></u>
Amortization	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>
Auto Expenses	<u>\$ 209.00</u>	<u>\$ 209<sup>00</sup></u>	<u>\$ 209<sup>00</sup></u>	<u>\$ 627<sup>00</sup></u>
Bank Charges	<u>\$ /</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>
Depreciation	<u>\$ /</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>
Dues & Subscriptions	<u>\$ /</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>
Employee Benefits	<u>\$ /</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>
Insurance	<u>\$ /</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>
Interest	<u>\$ /</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>
Office Expenses	<u>\$ /</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>
Payroll Taxes	<u>\$ /</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>
Rent	<u>\$ /</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>
Repairs & Maintenance	<u>\$ /</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>
Salaries & Wages	<u>\$ /</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>
Supplies	<u>\$ 2040<sup>00</sup></u>	<u>\$ 2120<sup>00</sup></u>	<u>\$ 1460.00</u>	<u>\$</u>
Taxes & Licenses	<u>\$ /</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>
Telephone	<u>\$ <del>250.00</del> 250.00</u>	<u>\$ 250.00</u>	<u>\$ 250.00</u>	<u>\$ 750<sup>00</sup></u>
Utilities	<u>\$ /</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>
Other	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>
Total Operating Expenses	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>
Net Profit Before Taxes	<u>\$ 3699<sup>00</sup></u>	<u>\$ 2989<sup>00</sup></u>	<u>\$ 2639<sup>00</sup></u>	<u>\$</u>
Income Taxes	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$</u>
Net Profit After Taxes	<u>\$ 3699<sup>00</sup></u>	<u>\$ 2989<sup>00</sup></u>	<u>\$ 2639<sup>00</sup></u>	<u>\$</u>

**Exhibit B - Investment Property Schedule**

**BORROWER'S NAME** \_\_\_\_\_ **Account Number** \_\_\_\_\_

For each borrower who receives rental income from an investment property an Investment Property Schedule is required. If additional space is needed, please include an additional page.

Property Number	Property Street Address	Property City, State, and Zip Code	Number of Units (1, 2, 3, 4, or 5+)	Status Circle All That Apply R - Rented V - Vacant PS - Pending Sale F - In Foreclosure	Gross Monthly Rental Income	Monthly Mortgage Payment (excluding taxes and insurance)	Monthly Insurance and Taxes	Monthly HOA/Condo Dues (if applicable)
Primary Residence				R V PS F	\$	\$	\$	\$
2				R V PS F	\$	\$	\$	\$
3				R V PS F	\$	\$	\$	\$
4				R V PS F	\$	\$	\$	\$
5				R V PS F	\$	\$	\$	\$
6				R V PS F	\$	\$	\$	\$
<b>Totals</b>					\$	\$	\$	\$

### Important Tips/Reminders

- The enclosed package encompasses requirements for all available programs, including the Government's Making Home Affordable program. For information and eligibility requirements under the Making Home Affordable program, visit [www.makinghomeaffordable.gov](http://www.makinghomeaffordable.gov) website. **Please be aware we will not be able to process your request until all parts of the application have been completed including signatures and all necessary supporting documentation has been supplied.**
- **Please continue to make your monthly payment.** If assistance is needed, it is recommended that you contact a credit counselor who is trained to guide you through your current financial situation. You can access [www.hud.gov](http://www.hud.gov) or call 800-225-5342 for more information regarding credit counselors.
- You may receive phone calls or letters from our office asking for a payment while we consider any options that might be available.
- All modifications require an escrow account for the payment of taxes and insurance. If your loan does not currently include an escrow account for the payment of taxes and insurance, one will be added.
- While being reviewed for a workout (other than the Making Home Affordable program), a fee to validate the value of the property may be assessed at your expense (approximate cost \$100 - \$150).
- As a condition of the modification, you may be required to enroll in an electronic payment program.

### Frequently Asked Questions

#### **How long will it take to process my modification request and determine if I qualify for the program?**

- We will review your request as quickly as possible. Once the package is returned to our office, Loss Mitigation will contact you within 10 business days advising the package was received and notifying you if additional information is required.
- Within 30 days from the date a complete package is received, you will be notified whether the modification option is available to you.
- If you aren't eligible for a modification, the reason for denial will be provided.
- Please note, however, that your modification will not be effective unless you meet all of the applicable conditions.

#### **I pay my car insurance on a semi-annually or annual basis. How should I list that?**

Please make sure that the amount of the expense is broken down to a monthly premium amount.

**Example:** If the car insurance is \$500 for 6 months to determine the monthly premium divide \$500 by 6 months (\$83.33).

#### **What information is needed on the form 4506T-EZ?**

Please complete the following:

- Line(s)**    **1a – 4:** List information as shown on your tax return  
                  **5:** Write the name, address, and telephone number shown on your monthly mortgage statement  
                  **6:** Write the year of the most-recent tax return you filed (Should be 2008 in most cases)

*Be sure to sign the form where indicated.*

The 4506T-EZ form states, "Caution: If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filed in line 6. Completing these steps helps to protect your privacy." What do I enter for those items?

All applicable blanks on the form need to be completed. This disclaimer is provided as a warning that line 6 must be completed prior to signing the form.



To ensure your request is processed without delay, it is important that you provide a complete application including all the supporting documentation and required signatures. You **MUST** sign the Acknowledgement and Agreement form. If you are unable to provide all the requested supporting documentation, please submit the application with the information you have available and we will provide a knowledgeable agent to assist you in compiling any missing documentation and guide you through the process.





### THIRD PARTY AUTHORIZATION and AGREEMENT TO RELEASE

Please complete and return if you want us to speak with your Real Estate Agent, or any other designated third party on your behalf.  
party on your behalf.

Account Number: 8843 Name: TODD SILBER  
Property Address: 73 FARNHAM ROAD SOUTH WINDSOR CT 06074



Before you sign this authorization, please be aware that...

- There is never a fee to get assistance or information about the Making Home Affordable program from your lender or a HUD-approved housing counselor.
- Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan.
- Beware of anyone who says they can "save" your home if you sign or transfer over the deed to your house.
- Do not sign over the deed to your property to any organization or individual unless you are working directly with your mortgage company to forgive your debt.
- ONLY use HUD certified counseling agencies: Call **1.800.CALL.FHA** to find a HUD-certified housing counseling agency.
- Never make your mortgage payments to anyone other than your mortgage company without their approval.

I/we do hereby authorize (my lender/mortgage servicer) to release or otherwise provide to:

Todd Silber of \_\_\_\_\_ in his/her capacity as  
Name Company Name

Relationship (if applicable) Phone Number Email Address

public and non-public personal financial information contained in my loan account which may include, but is not limited to, loan balances, final payoff statement, loan payment history, payment activity, and/or property information.

We, the lender/mortgage servicer, will take reasonable steps to verify the identity of the 3rd party authorized above, but will have no responsibility or liability to verify the true identity of the requestor when he/she asks to discuss my account or seeks information about my account. Nor shall we, the lender/mortgage servicer, have any responsibility or liability for what the requestor may do with the information he/she obtains concerning my account.

I/we do hereby indemnify and forever hold harmless the lender/mortgage servicer, from all actions and causes of actions, suits, claims, attorney fees, or demands against the lender/servicer which I/we and/or my heirs may have resulting from the lender/mortgage servicer discussing my loan account and/or providing any information concerning the loan account to the above named requestor or person identifying themselves to be that requestor

If you agree to this Authorization and the terms of the Release as stated above, please sign, date, and return with the Financial Analysis form

NOTE: No information concerning your account will be provided until we have received this executed document. The authorization needs to be in the name of an individual (not a company) and a form needs to be completed for each authorized individual. All parties on the Mortgage must sign.

Todd Silber [Signature] 2/29/2012  
Borrower Printed Name Borrower Signature Date  
Co-Borrower Printed Name Co-Borrower Signature Date





**Home Affordable Modification Program (HAMP):  
IMPORTANT REQUIREMENTS  
IMPORTANT REQUIREMENTS**

- Step 1. Financial Package: (complete and return the entire financial package to apply for assistance)
- |   |   |
|---|---|
| ✓ Financial Analysis Form ★<br>(including Hardship Affidavit) | ✓ Most recent <u>signed</u> tax return or <u>evidence of electronic signature</u> ★ |
| ✓ Dodd Frank Certification ★                                  | ✓ Proof of Income Documentation ★   |
| ✓ Acknowledgement and Agreement ★                             | ✓ Proof of Occupancy Documentation ★  |
| ✓ IRS Form 4506T-EZ ★   | ✓ <del>Proof</del> of Homeowners or Condo Association Dues                          |
- Step 2. Trial Workout: (sometimes known as a temporary repayment plan)
- ✓ Make specified trial payments per the plan or your loan may not be modified
  - ✓ Signed flood certification document (if required)
- Step 3. Permanent Modification: (once you have successfully completed steps 1 and 2, you will be reviewed for a permanent modification)
- ✓ If approved, you will receive the permanent modification document
  - ✓ Sign, notarize (only if required) and return entire modification agreement within 7 days of receipt

**If you fail to comply with any of these steps; your modification request will be canceled and you will not be eligible for consideration under HAMP in the future.**

**FINANCIAL HARDSHIP LETTER #4**

I was laid off in March of 2009, I went through my savings and fell behind on my payments in Nov, 2009. Since then I tried to obtain a modification, and it has been impossible to do so. I mean no threat, but this is my final attempt to apply for a work out plan. For years I have done all GMAC asked, met all the guidelines and was given nothing but the run around. Fact is I did qualify for a modification back on in Feb 2010, one should have been granted and we could of avoided all this mess. Never the less I have fought you in court, filed a countersuit. And even served GMAC with lawsuit, I have not filed this lawsuit with the courts as of yet.

During the months of modification reviews back in early 2010, GMAC repeatedly made false representation of fact. I have documented and testimony from Connecticut senators, court appointed mediators, as well as HUD and FHA. GMAC really made it impossible and repeatedly told officials listed above as well as myself the unemployment could not be used in a FHA modification review as income. I have this in writing from people in your corporate office. However FHA clearly says that unemployment could be used, but you must be able to show that you can claim in for 1 year. This very financial packet I am sending to you only ask for 9 months of unemployment verification. Your very packet sets people up for failure. I was on unemployment for 2 year, I could of provided a letter that stated whatever you wanted. GMAC only asked for 9 months, FHA wants 1 year.....

The Fact is my unemployment should have been used, and according to an independent review as well as FHA, a modification should have been granted. Again I have this documentation and testimony I am prepared to bring to court. Now I am no longer on unemployment and have started my own business. If this Lawsuit was dropped I could start paying my mortgage all over again, but if you expect me to pay the money that has wrongfully be accrued since GMAC wrongfully denied me, as well as lawyer and court fee's. Then I'd rather just file my lawsuit and fight this in court for another 3 years or so.

I do not want anything for free, nor anything I am not entitled to. From day 1 I only ever wanted an opportunity to pay modified payments. I was never given that opportunity. I have no idea what you think this house is worth, but I do know that you are covered by FHA insurance as of now. But if GMAC is truly ready to give me a fair review and truly ready to try to make this right, then I am all for that. I just want a fair opportunity to keep my home. A fair modification review, or a fair coming of terms on this mess... But the past due amount GMAC claims is owed, is not correct.

I Beseech you to please take a look at the last 3 years from my perspective. And let us come to an agreement that is mutually beneficial. Again I mean no threat by what I type, but I have represented myself since day 1 in court, and quite frankly did quite well. This case is not even close to over, nor have I finished filing my complaints/lawsuits. I'd rather not have to... The last Lady from loss mitigation was very kind and friendly, I thank her and GMAC should also. For not until I spoke to her did I think GMAC truly gave 2 shifts. Maybe its all the lawsuits going on, maybe the investigations. But for whatever reason this time I truly have hi-hopes that some sort of terms and agreement can be worked out.

*Todd Silber*  
  
3/1/2012

To whom it may concern,

I did not start my business until sept 2011. The income shown on my 2011 tax returns from Self

employment are only from OCT 2011-Dec 2011. 3 months.

-Todd Silber



3/1/2012

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2011) SILBER 2236 Page 2

38 Amount from line 37 (adjusted gross income)		38	26,161
Tax and Credits	39a Check <input type="checkbox"/> You were born before January 2, 1947, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
	if: <input type="checkbox"/> Spouse was born before January 2, 1947, <input type="checkbox"/> Blind. checked <input type="checkbox"/> 39b		
Standard Deduction for--	b If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	8,500	
41 Subtract line 40 from line 38	41	17,661	
42 Exemptions. Multiply \$3,700 by the number on line 6d	42	11,100	
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	6,561	
44 Tax (see inst.). Check if any is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 elec	44	658	
45 Alternative minimum tax (see instructions). Attach Form 6251	45		
46 Add lines 44 and 45	46	658	
<b>TAXPAYER COPY</b>			
47 Foreign tax credit. Attach Form 1118 if required	47		
48 Credit for child & dependent care expenses. Attach Form 2441	48		
49 Education credits from Form 8863, line 23	49		
50 Retirement savings contributions credit. Attach Form 8880	50		
51 Child tax credit (see instructions)	51	658	
52 Residential energy credits. Attach Form 5695	52		
53 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53		
54 Add lines 47 through 53. These are your total credits	54	658	
55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	0	
56 Self-employment tax. Attach Schedule SE	56	1,037	
57 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57		
58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58		
59a Household employment taxes from Schedule H	59a		
b First-time homebuyer credit repayment. Attach Form 5405 if required	59b		
60 Other taxes. Enter code(s) from instructions	60		
61 Add lines 55 through 60. This is your total tax	61	1,037	
62 Federal income tax withheld from Forms W-2 and 1099	62		
63 2011 estimated tax payments & amt. applied from 2010 return	63		
64a Earned income credit (EIC)	64a	3,114	
b Nontaxable combat pay election 64b			
65 Additional child tax credit. Attach Form 8812	65	342	
66 American opportunity credit from Form 8863, line 14	66		
67 First-time homebuyer credit from Form 5405, line 10	67		
68 Amount paid with request for extension to file	68		
69 Excess social security and tier 1 RRTA tax withheld	69		
70 Credit for federal tax on fuels. Attach Form 4136	70		
71 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71		
72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	3,456	
73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	2,419	
74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> 74a	74a	2,419	
b Routing no. 2 1 1 1 7 0 1 0 1 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
d Account no. 1 0 0 0 1 9 6 5 4 4 4 3			
75 Amt. of line 73 you want applied to your 2012 estimated tax	75		
76 Amount you owe. Subtract line 72 from line 75. For details on how to pay, see instructions	76		
77 Estimated tax penalty (see instructions)			
<b>TAXPAYER COPY</b>			
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No		
Designee's name	CLYDE TRIUMPH		
Phone no.	860-242-4330		
Personal identification number (PIN)	33179		
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation
			If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	CLYDE TRIUMPH		
	Firm's name	Firm's EIN	PTIN
	Taxes First	7955	P01252142
	Firm's address	Phone no.	
	756 Park Ave	(860) 242-4330	
	Bloomfield CT 06002-2457		



#1

**SCHEDULE C**  
**(Form 1040)**

**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

**2011**

Attachment  
Sequence No. 09

Department of the Treasury  
Internal Revenue Service (99)

▶ For information on Schedule C and its instructions, go to [www.irs.gov/schedulec](http://www.irs.gov/schedulec)  
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor TODD SILBER	Social security number (SSN) [REDACTED] 2236
A Principal business or profession, including product or service (see instructions) RETAIL SALES	B Enter code from instructions ▶ 999999
C Business name. If no separate business name, leave blank.	D Employer ID no. (EIN). (see instr.)

E Business address (including suite or room no.) City, town or post office, state, and ZIP code	▶ 73 FARNHAM ROAD South Windsor CT 06074
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify)	
G Did you "materially participate" in the operation of this business during 2011? If "No," see instructions for limit on losses.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2011, check here	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file all required Forms 1099?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>Part I Income</b>	
1a Merchant card and third party payments. For 2011, enter -0-	1a 0
b Gross receipts or sales not entered on line 1a (see instructions)	1b 16,050
c Income reported to you on Form W-2 if the "Statutory Employee" box on that form was checked. Caution: See instr. before completing this line	1c
d Total gross receipts. Add lines 1a through 1c	1d 16,050
2 Returns and allowances plus any other adjustments (see instructions)	2 0
3 Subtract line 2 from line 1d	3 16,050
4 Cost of goods sold (from line 42)	4
5 Gross profit. Subtract line 4 from line 3	5 16,050
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6
7 Gross income. Add lines 5 and 6	7 16,050

<b>Part II Expenses</b>		Enter expenses for business use of your home only on line 30.	
8 Advertising	8	18 Office expense (see instructions)	18
9 Car and truck expenses (see instructions)	9	19 Pension & profit-sharing plans	19
10 Commissions and fees	10	20 Rent or lease (see instructions):	
11 Contract labor (see instructions)	11	a Vehicles, machinery, and equipment	20a
12 Depletion	12	b Other business property	20b
13 Depreciation and section 179 expense deduction (not included in Part III) (see instr.)	13	21 Repairs and maintenance	21 250
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III)	22 2,750
15 Insurance (other than health)	15 1,300	23 Taxes and licenses	23
16 Interest:		24 Travel, meals, and entertainment:	
a Mortgage (paid to banks, etc.)	16a	a Travel	24a 600
b Other	16b 1,130	b Deductible meals and entertainment (see instructions)	24b 375
17 Legal and professional services	17	25 Utilities	25
28 Total expenses before expenses for business use of home. Add lines 8 through 17	28	26 Wages (less employment credits)	26
29 Tentative profit or (loss). Subtract line 28 from line 7	29	27 a Other expenses (from line 48)	27a 1,200
30 Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere	30	27 b	27b
31 Net profit or (loss). Subtract line 30 from line 29.	31		
<ul style="list-style-type: none"> <li>• If a profit, enter on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. If you entered an amount on line 1c, see instr. Estates and trusts, enter on Form 1041, line 3.</li> <li>• If a loss, you must go to line 32.</li> </ul>			
32 If you have a loss, check the box that describes your investment in this activity (see instructions).			
<ul style="list-style-type: none"> <li>• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. If you entered an amount on line 1c, see the instructions for line 31. Estates and trusts, enter on Form 1041, line 3.</li> <li>• If you checked 32b, you must attach Form 6198. Your loss may be limited.</li> </ul>		32a <input type="checkbox"/> All investment is at risk.	
		32b <input type="checkbox"/> Some investment is not at risk.	

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule C (Form 1040) 2011

#1

Schedule C (Form 1040) 2011

SILBER -2236

Page 2

**Part III** Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☐ No  
If "Yes," attach explanation

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

**Part IV** Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶

44 Of the total number of miles you drove your vehicle during 2011, enter the number of miles you used your vehicle for:

a Business b Commuting (see instructions) c Other

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

**Part V** Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Oil/Gas Expenses	600
Business Telephone	600

TAXPAYER COPY

48 Total other expenses. Enter here and on line 27a 48 1,200



**SCHEDULE SE**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Self-Employment Tax**

▶ Attach to Form 1040 or Form 1040NR. ▶ See separate instructions.

OMB No. 1545-0074

**2011**

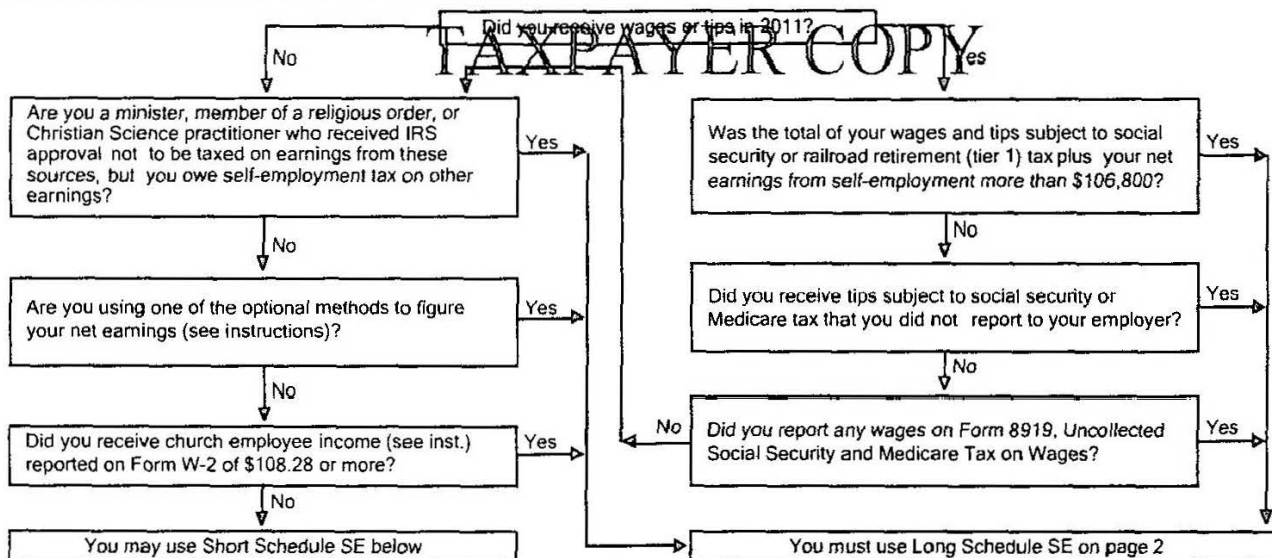
Attachment  
Sequence No. 17

Name of person with self-employment income (as shown on Form 1040)	Social security number of person
Name of person with self-employment income (as shown on Form 1040)	Social security number of person
TODD SILBER	with self-employment income ▶ 2236

Before you begin: To determine if you must file Schedule SE, see the instructions.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.



**Section A -- Short Schedule SE. Caution.** Read above to see if you can use Short Schedule SE.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1b	( )
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	8,445
3	Combine lines 1a, 1b, and 2	3	8,445
4	Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4	7,799
5	Self-employment tax. If the amount on line 4 is: • \$106,800 or less, multiply line 4 by 13.3% (.133). Enter the result here and on Form 1040, line 56, or Form 1040NR, line 54 • More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$11,107.20 to the result. Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54	5	1,037
6	Deduction for employer-equivalent portion of self-employment tax. If the amount on line 5 is: • \$14,204.40 or less, multiply line 5 by 57.51% (.5751) • More than \$14,204.40, multiply line 5 by 50% (.50) and add \$1.067 to the result. Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6	596


For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2011

To whom it may concern,

Beginning on April 1<sup>st</sup>, I will financially contribute \$900 a month to Mr. Todd Silber. I live with Mr. Silber and the mother of his 2 children.

Malinda Johnston,

  
3/3/2012

View Transaction History | Online Banking - Webster Bank

<https://www.websteronline.com/bank/com.websterbank.servlets.DS>



View Transaction History

View Transaction History

Transaction History details.

Details of transaction history options

Webster Account: xxxxxx4443 Webster Value Checking Available Balance: \$480.47  
 Date Range: 01/06/2012 - 03/05/2012 Current Balance: \$480.47

Pending Transactions

Check card signature and point of sale transactions are now reflected immediately in your available balance and are listed under Type as a Check Card Authorization. These transactions will affect your current balance once they have been fully processed and posted to your account.

Date	Type	Description	Withdrawals	Deposits
03/05/12	Check Card Purchase	CK CRD SIGNATURE PURCH DUNKIN #337619 Q35	\$-2.96	
03/05/12	Check Card Purchase	CK CRD SIGNATURE PURCH OPAY CT BUS TAX	\$-3.95	
03/05/12	Check Card Authorization	CK CRD SIGNATURE AUTH GODADDY.COM 480-5058855 AZ US	\$-38.98	
03/05/12	Check Card Purchase	CK CRD SIGNATURE PURCH HIGASHI JAPANESE RESTAU	\$-40.60	
03/05/12	Check Card Purchase	CK CRD SIGNATURE PURCH CONNECTICUT BUS. TAX	\$-156.00	

Posted Transactions

Date	Type	Description	Withdrawals	Deposits	Balance
03/01/12	PIN Purchase	CK CRD PIN PURCHASE 03/01/12 STOP & SHOP #699STOP & SH SOUTH WINDSO CT 9616	\$-4.98		\$722.96
02/29/12	Check Card Purchase	CK CRD SIGNATURE PURCH02/27/12 ACER/GATEWAY 800-733-2237 CA 0018	\$-211.64		\$727.94
02/27/12	Check Card Purchase	CK CRD SIGNATURE PURCH02/24/12 DUNKIN #337619 MANCHESTER CT 2018	\$-2.33		\$939.58
02/27/12	Check Card Purchase	CK CRD SIGNATURE PURCH02/24/12 Best Buy 0001 MANCHESTER CT 5101	\$-10.62		\$941.91
02/27/12	Check Withdrawal	WITHDRAWAL PAID CHECK Check Number 1067	\$-1,700.00		\$952.53
02/24/12	Check Withdrawal	POD INCLEARING CHECKS PAID CHECK Check Number 1065	\$-0.50		\$2,652.53
02/24/12	Check Card Purchase	CK CRD SIGNATURE PURCH02/23/12 EBAY INC. 888-749-3229 CA 6550	\$-58.27		\$2,653.03
02/24/12	Other Credit	ACH DEPOSIT US TREASURY 312 TAX REF		\$2,419.00	\$2,711.30
02/22/12	Other Debit	ACH WITHDRAWAL PROG DIRECT INS INS PREM	\$-124.50		\$292.30
02/22/12	PIN Purchase	CK CRD PIN PURCHASE 02/22/12 USPS 0875140174/850 CLUSP SOUTH WINDSO CT 4220	\$-40.40		\$416.80
02/21/12	Check Withdrawal	WITHDRAWAL PAID CHECK Check Number 1066	\$-700.00		\$457.20

View Transaction History | Online Banking - Webster Bank

<https://www.websteronline.com/bank/com.websterbank.servlets.DS>

Date	Type	Description	Withdrawals	Deposits	Balance
02/21/12	Other Credit	ACH DEPOSIT CT DRS DEPOSIT TAX REFUND		\$934.20	\$1,157.20
02/17/12	Service Charge	SERVICE CHARGE	\$-8.95		\$223.00
02/17/12	Service Charge	SERVICE CHARGE			
02/17/12	PIN Purchase	CK CRD PIN PURCHASE 02/17/12 STOP & SHOP #6999 STOP & SH SOUTH WINDSO CT 3739	\$-6.04		\$231.95
02/16/12	Check Card Purchase	CK CRD SIGNATURE PURCH02/15/12 HULU 877-801-5441 CA 7661	\$-7.99		\$237.99
02/16/12	Check Card Purchase	CK CRD SIGNATURE PURCH02/15/12 QUICK STOP CONVENI SOUTH WINDSO CT 4078	\$-20.07		\$245.98
02/16/12	Other Credit	MISCELLANEOUS CREDIT NSF SETTLEMENT CR		\$8.76	\$266.05
02/15/12	Deposit	DEPOSIT		\$200.00	\$257.29
02/10/12	PIN Purchase	CK CRD PIN PURCHASE 02/10/12 STOP & SHOP #6999 STOP & SH SOUTH WINDSO CT 4967	\$-4.78		\$57.29
02/10/12	PIN Purchase	CK CRD PIN PURCHASE 02/10/12 BJ'S WHOLESALE C 1046 BJ' MANCHESTER CT 6996	\$-7.43		\$62.07
02/06/12	Check Card Purchase	CK CRD SIGNATURE PURCH02/04/12 GODADDY.COM 480-5058855 AZ 9666	\$-38.98		\$69.50
02/01/12	Deposit	DEPOSIT		\$100.00	\$108.48
01/27/12	Check Withdrawal	POD INCLEARING CHECKS PAID CHECK Check Number 1063	\$-209.27		\$8.48
01/26/12	PIN Purchase	CK CRD PIN PURCHASE 01/26/12 KANGAROO EXPRESSKANGAROO HARDEEVILLE SC 0001	\$-20.02		\$217.75
01/25/12	Check Card Purchase	CK CRD SIGNATURE PURCH01/24/12 Best Buy 0001 MANCHESTER GT 5071	\$-10.62		\$237.77
01/25/12	Deposit	DEPOSIT		\$220.00	\$248.39
01/24/12	Check Card Purchase	CK CRD SIGNATURE PURCH01/23/12 EBAY INC. 888-749-3229 CA 6284	\$-18.16		\$28.39
01/20/12	Service Charge	SERVICE CHARGE	\$-8.95		\$46.55
01/20/12	Check Card Purchase	CK CRD SIGNATURE PURCH01/19/12 HARTFORD PARKING A HARTFORD CT 8000	\$-1.00		\$55.50
01/19/12	Other Debit	ACH WITHDRAWAL PROG DIRECT INS INS PREM	\$-124.53		\$56.50
01/19/12	PIN Purchase	CK CRD PIN PURCHASE 01/19/12 GEISSLER'S SUPER MARKEGEI SOUTH WINDSO CT 2795	\$-10.36		\$181.03
01/17/12	Check Card Purchase	CK CRD SIGNATURE PURCH01/15/12 HULU 877-801-5441 CA 7568	\$-7.99		\$191.39



— On Thu, 2/24/11, Perrone, Lisa H. <Lisa.Perrone@mail.house.gov> wrote:

From: Perrone, Lisa H. <Lisa.Perrone@mail.house.gov>  
Subject: FW: Unemployment  
To: "Todd Silber" <silber\_spades@yahoo.com>  
Date: Thursday, February 24, 2011, 6:31 AM

Date: Thursday, February 24, 2011, 6:31 AM

The response from HUD is below regarding the guidelines.

-----Original Message-----

From: HUD  
Sent: Thursday, February 24, 2011 8:41 AM  
To: Perrone, Lisa H.  
Subject: Unemployment

Here is an excerpt from the attachment to ML 2009-23:

Underwriting -

Monthly Gross Income The mortgagor's Monthly Gross Income amount before any payroll deductions includes wages and salaries, overtime pay, commissions, fees, tips, bonuses, housing allowances, other compensation for personal services, Social Security payments, including Social Security received by adults on behalf of minors or by minors intended for their own support, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment benefits, rental income and other income.

Here is an excerpt from a Q&A dated April 2010:

Underwriting - Monthly Gross Income

1) Are customers who unemployed but are collecting unemployment benefits and meet the other requirements for the HMP Eligible for this workout? If so is there a time restriction to the time when this workout is approved to the day when the benefits would run out? For example, the customer is unemployed but will receive unemployment benefits for the next 12 months and can provide proof of this? If this is allowed are we allowed to approve traditional loan modifications and partial claims using the same logic?

See ML 09-23's Attachment for income guidelines and ML 2000-05 for the financial analysis guidelines.

2) Does PITI include HOA fees as in HMP program?

Yes,

3) How long must unemployment benefits last to be considered income?

Unemployment income must be documented with reasonable assurance of its continuance for at least 12 months.

4) What is acceptable documentation to support alimony, child support or unemployment income?

If the borrower elects to use alimony or child support income to qualify, acceptable documentation includes photocopies of the divorce decree, separation agreement or other type of legal written agreement or court decree that provides for the payment of alimony or child support and states the amount of the award and the period of time over which it will be received. Servicers must determine that the income will continue for at least 12 months. The borrower must present proof of full, regular and timely payment, such as deposit slips, bank statements or signed federal income tax returns.

If the borrower has other income such as unemployment, acceptable documentation includes letters, exhibits, or benefits statement from the provider that states the amount, frequency and duration of the benefit. The servicer must obtain copies of signed federal income tax returns, IRS W-2

<http://www.hud.gov/offices/hsg/sfh/nsc/ml0923qa.pdf>

A letter From

HUD to Congressman Larson

office, then to me

AS REQUESTED BY THE MORTGAGEE LISTED BELOW, WE ARE REQUIRED TO ASCERTAIN THE OCCUPANCY STATUS OF YOUR PROPERTY. PLEASE COMPLETELY FILL THE APPLICABLE BUBBLED SELECTION, SIGN AND DATE. THIS COMPLETED FORM MUST BE RETURNED BY MAIL WITHIN FIVE (5) CALENDAR DAYS OF RECEIPT, THANK YOU.

GMAC Mortgage, LLC

Work Order: 00232478608

- ☒ I AM THE OWNER AND CURRENT OCCUPANT  
☐ THE PROPERTY IS TENANT OCCUPIED  
☐ THE PROPERTY IS VACANT

	<table border="1"><tr><td>0</td><td>3</td><td>/</td><td>0</td><td>1</td><td>/</td><td>1</td><td>2</td></tr><tr><td colspan="3">Month</td><td colspan="2">Day</td><td colspan="3">Year</td></tr></table>	0	3	/	0	1	/	1	2	Month			Day		Year		
0	3	/	0	1	/	1	2										
Month			Day		Year												



**CoreLogic**

Core Logic Field Services  
1 Core Logic Way  
DFW-2-5  
Westlake, TX 76262

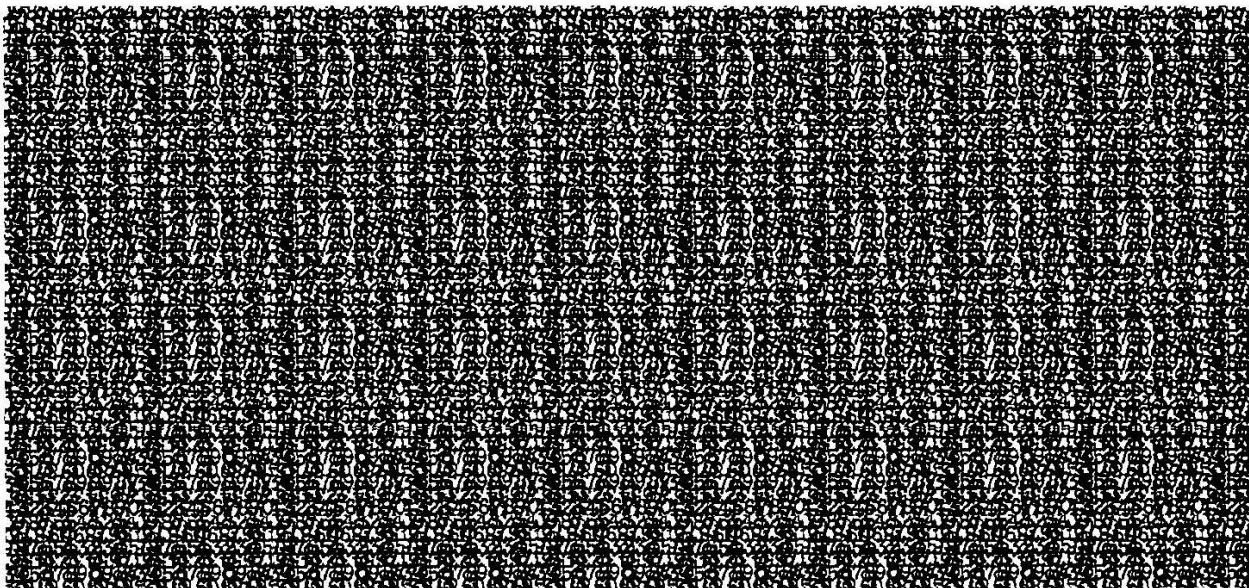
PRE-SORT STANDARD  
U.S. POSTAGE  
PAID  
FT. WORTH, TX  
PERMIT NO. 1190

TODD SILBER  
OR CURRENT RESIDENT  
73 FARNHAM ROAD  
SOUTH WINDSOR CT 06074

LKXMSPI 06074



↑ To Open This Side - Slide Finger Under This Edge ↓



PLACE  
STAMP HERE  
The Post Office  
will not deliver  
mail without  
Postage.



**CoreLogic**  
***Core Logic Field Services***  
1 Core Logic Way  
DFW-2-5  
Westlake, TX 76262